Testimony of Lisa P. Capitani MBA, BSN, RN February 28, 2023

Dear Judiciary Committee Co-chairs Winfield and Stafstrom, Vice-chairs Flexer and Quinn, Ranking Members Kissel and Fishbein, and esteemed members of the committee,

I am writing this testimony in support of Raised Bill No. 6734: An act concerning the decriminalization of possession of small amounts of psilocybin. I have been a practicing registered nurse since 2005. I passionately practiced bedside hospital care in several facilities and units in the state until 2021, when my health declined due to the job. I quickly experienced the lack of compassion our healthcare system can have. I worked loyally for a single health system in our state for 15 years. After a series of unfortunate events including being misdiagnosed and ignored by my doctors for nearly a year, my lack of improvement left me unable to perform my job and subsequently led to my losing my position. Fifteen years of service as a loyal employee ended without so much as a phone call to let me know. My experience as an employee and patient of our healthcare system has broken my heart. I became a nurse as a vocation because I am a nurse at heart. I am caring, compassionate, and live to serve. Our healthcare system, so corrupted by the need to increase shareholder profits, no longer cares or is compassionate. I no longer find a place for myself within the constraints of the capitalist healthcare delivery model we have allowed to grow into a malignant mass on the people of this country.

In order to regain control of my own health, I found alternative solutions that have offered me more relief and benefit than I ever found in the medical system. I have broken through the mind control we learn in nursing and medical schools that teaches us that if there are no double-blind, placebo-controlled trials for a drug or treatment, then it doesn't work. Discovering the world of plant medicines and mind-body connection has forever changed my own life (for the better) and has led to my obsessive study of all things psychoactive. Our healthcare/medical education systems became corrupted long ago by profiteering interests who sought to patent and profit off drugs and treatments that, more often than not, were derived from natural remedies that existed for thousands of years. And somehow, we collectively agreed to ignore those thousands of years of knowledge in favor of science-science that corporate interests have since corrupted.

The science, however, can no longer be ignored when it comes to psychedelic medicines like psilocybin. Humans have been (safely) using the psychedelic effects of plants and fungi for thousands of years. It is only the result of fear and prohibition by the US government for the

last 50 years that stopped the significant and convincing research that was occurring in the 1940s-1960s. This research uncovered such convincing evidence as;

- 1. In 1955 researchers Abram Hoffer and Humphry Osmond reported on their use of LSD to treat alcoholism. They found that high doses of LSD could produce a "mystical" experience that helped patients overcome their addiction.
- 2. Psychiatrist Stanislav Grof found that LSD could be used to treat patients with severe anxiety and depression in 1959. Grof reported that many of his patients experienced profound insights and healing during their psychedelic sessions.
- 3. In the 1960s, Osmond and psychologist James Fadiman both conducted research on the therapeutic potential of psychedelic drugs, including LSD and psilocybin. They reported promising results in treating conditions such as alcoholism and anxiety.
- 4. A 1967 study by psychiatrist Walter Pahnke investigated the use of psilocybin to induce mystical experiences in religious leaders. Pahnke found that the experience had lasting positive effects on the participants' sense of well-being and satisfaction with life.

There are currently 137 studies listed on <u>ClinicalTrials.gov</u> that have psilocybin included as a keyword. Nearly all of these studies are investigating the potential therapeutic benefits of psilocybin, NOT harmful effects. In fact, the National Institute on Drug Abuse (NIDA) itself finds that <u>psilocybin is not considered to be a physically addictive substance</u>. The organization states that psilocybin does not produce the same kind of intense cravings that are associated with other drugs of abuse, such as opioids or cocaine, nor is there a likely potential for lethal overdose. While some individuals may develop a psychological dependence on the *experience* of using psilocybin mushrooms, this is not the same as physical addiction. Furthermore, a review of the available literature on psilocybin published in the Journal of Psychopharmacology in 2018 found *no evidence* that the substance is addictive or likely to be abused. The authors of the review concluded that <u>psilocybin has a low potential for abuse and dependence</u>.

Last year, Governor Lamont <u>signed into law</u> a bill that included provisions that allow the state to set up psychedelic-assisted therapy using psilocybin, and several researchers at Yale and other institutions have begun this endeavor. Advocates in this space, however, are acutely aware of the skepticism that many have toward the modern medical system. People of color, women, veterans, and other marginalized groups express hesitancy to discuss drug use with their medical providers, let alone volunteer to participate in studies within a system that has dismissed, abused, ignored, and deprioritized them for hundreds of years. Given the overwhelming evidence that individuals can obtain great mental health benefits, <u>even from a single use of these substances</u>, I believe that we should no longer criminalize those who seek to improve their lives through the use of traditional plant medicines. I believe this is a basic

right instilled upon us all by our founding fathers in their declared right that Americans be free to pursue their own happiness.

Thank you for your time and consideration of this important issue. I am proud now to be a nurse of a new era; an era where we might learn from our mistakes and seek solutions that improve the lives of all people in our communities. I also offer myself as a resource going forward on the issue of psychedelic/entheogenic medicines.

Resources:

Fadiman, J. (2011). The psychedelic explorer's guide: Safe, therapeutic, and sacred journeys. Inner Traditions/Bear & Co.

Griffiths, R. R., Johnson, M. W., Carducci, M. A., Umbricht, A., Richards, W. A., Richards, B. D., . . . Klinedinst, M. A. (2016). Psilocybin produces substantial and sustained decreases in depression and anxiety in patients with life-threatening cancer: A randomized double-blind trial. *Journal of Psychopharmacology*, 30(12), 1181-1197.

Grof, S. (1959). Preliminary observations on LSD-assisted psychotherapy with schizophrenic patients. *The Journal of Psychoactive Drugs*, 32(4), 607-616. doi:

Hoffer, A., & Osmond, H. (1955). The hallucinogens: Their role in psychiatry and anthropology. *The Journal of Psychoactive Drugs*, 18(4), 347-354.

Lowe, H., Toyang, N., Steele, B., Valentine, H., Grant, J., Ali, A., Ngwa, W., & Gordon, L. (2021). The therapeutic potential of psilocybin. *Molecules*, 26(10).

Nichols, D. E., Johnson, M. W., & Nichols, C. D. (2018). Psychedelics as medicines: An emerging new paradigm. *Clinical Pharmacology & Therapeutics*, 101(2), 209-219.

NIDA. 2019. (2019). *Hallucinogens DrugFacts*. Retrieved from https://nida.nih.gov/publications/drugfacts/hallucinogens on 2023, February 28

Pahnke, W. N. (1967). Drugs and mysticism: An analysis of the relationship between psychedelic drugs and the mystical consciousness. Harvard Divinity Bulletin, 6(2), 15-24.